

*Return this completed form (pages 1 and 2) at the organizational meeting scheduled for December 4, 2006 at 11:00 a.m. or call the United States Trustee's office.*

OFFICE OF THE UNITED STATES TRUSTEE FOR THE  
SOUTHERN DISTRICT OF NEW YORK  
33 Whitehall Street, 21<sup>st</sup> Floor  
New York, New York 10004  
Tel. No. (212) 510-0500  
Fax No. (212) 668-2255

GZ

**CREDITORS' COMMITTEE ACCEPTANCE FORM**

**Re: Wall Street Suites, LLC**  
**Case No. 06-12769 (BRL)**

**PLEASE TYPE OR PRINT NEATLY AND CLEARLY:**

The undersigned creditor is willing to serve on the Committee of Unsecured Creditors of the Debtor:

A. UNSECURED CREDITOR'S NAME, ADDRESS, TELEPHONE AND TELECOPY NUMBERS, AND REPRESENTATIVE'S E-MAIL:

\_\_\_\_\_  
\_\_\_\_\_

B. NAME OF COUNSEL (if any) FOR CREDITOR, ADDRESS, TELEPHONE TELECOPY NUMBERS, AND E-MAIL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

C. IF YOU ARE REPRESENTED BY COUNSEL, DOES YOUR ATTORNEY REPRESENT ANY OTHER PARTIES IN THIS CASE. \_\_\_\_ YES. \_\_\_\_ NO. IF YES, PLEASE LIST THE OTHER PARTIES.

\_\_\_\_\_  
\_\_\_\_\_

D. PLEASE INDICATE WHETHER YOU HAVE GIVEN A PROXY TO YOUR ATTORNEY IN CONNECTION WITH YOUR CLAIM. \_\_\_\_ YES. \_\_\_\_ NO. (If you have given a proxy to your attorney, please provide a photocopy of the proxy along with this Creditor Committee Acceptance form on or before the organizational meeting)

E. AMOUNT OF UNSECURED CLAIM (**List only the claim held in your name. Do not list any amounts held on account of third-parties. You will be required to certify the amount of your claim at the Organizational Meeting, and the United States Trustee may require updates on your certification while the bankruptcy case is pending:**)

\$ \_\_\_\_\_

F. TYPE OF CLAIM (i.e., Trade, Bank, Note, etc.):

---

G. IF CREDITOR HAS PROPERTY OF THE DEBTOR IN ITS POSSESSION, HAS A SECURED CLAIM, OR HAS MADE A UCC 2-702 RECLAMATION, PLEASE INDICATE:

---

H. IF HOLDER OF CLAIM IS AN OFFICER OR DIRECTOR OF A DEBTOR, INDICATE POSITION:

---

I. IF HOLDER OF CLAIM IS RELATED TO ANY DEBTOR, ANY OFFICER OR DIRECTOR OF ANY DEBTOR, OR A PERSON IN CONTROL OF ANY DEBTOR, INDICATE RELATIONSHIP:

---

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME AND TITLE OF  
PERSON COMPLETING FORM: \_\_\_\_\_

- KINDLY ANSWER ALL QUESTIONS SO THAT THIS FORM CAN BE PROCESSED PROPERLY WITHOUT DELAY.
- THIS IS NOT A PROOF OF CLAIM FORM. PROOFS OF CLAIM ARE FILED WITH THE CLERK OF THE BANKRUPTCY COURT, NOT WITH THE UNITED STATES TRUSTEE.